MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

11793

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Cheverly Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cheverly Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Harmon Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Katerine M Atwater

3. (b) Social Security Number no

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William L Atwater

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov 1 1883

8. AGE: Years 57 Months — Days — If less than one day ___ hrs. ___ min.

9. Birthplace Quebec Canada (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Michael Mulvaney

13. Birthplace Ireland

MOTHER

14. Maiden name —

15. Birthplace Quebec Canada

16. Informant W Atwater

Address Cheverly Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 25, 1940 (month) (day) (year)

Cemetery or crematory Evergreen Cemetery

Location Bladensburg Maryland

18. Funeral director F Gaschsons

Address Bladensburg Maryland

19. Nov. 24 1940 (Date rec'd by registrar) F Wm Norgk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1940, at 8:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead 19 on, to Arrival 19

and that I last saw h alive on 19

Immediate cause of death Conjective Heart Failure — DURATION 5 yrs.

Due to Hypertension

Due to Nephritis

Other conditions Arteriosclerosis Diabetes Mellitus — 3 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James G. Sarcer M.D. M. D. or other

Address Upper Marlboro Md Date signed Nov 23 1940

Acting Deputy Medical Examiner

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DEC 4 1940
BUREAU V. S.

11794

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(124B)

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County: Pr. Geos Co

City or town: Ritchie
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rte 1 Benning Sta D.S.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 54 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Pr. Geo Co

City or town: Ritchie Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Ritchie Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nelson Elwood Beall

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of ~~husband~~ or wife: Susanna V. Beall

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 3 1886

8. AGE: Years: 54 Months: Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Mellwood Pr. Geo. Co. Md.
(Town, county, and state)

10. Usual occupation: Cattle dealer

11. Industry or business

FATHER
12. Name: William Thomas Beall
13. Birthplace: Upper Marlboro Md.

MOTHER
14. Maiden name: Henrietta Elizabeth Hardy
15. Birthplace: Suitland Maryland

16. Informant: Mrs Geo W. Brady
Address: Rte 1 Benning Sta D.S.

17. Burrel (Burial, cremation, or removal. Which?) Date thereof: Nov 6 1940 (month) (day) (year)

Cemetery or crematory: Forestville Md

Location: Forestville Md

18. Funeral director: Ritchie Bros
Address: Upper Marlboro Md

19. Nov 3 1940 (Date rec'd by registrar) Thos D Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 4 1940, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1938, to Nov 4 1940, and that I last saw him alive on Nov 4 1940.

Immediate cause of death: Cardiac decompensation — DURATION: 24 hours

Due to: Cirrhosis of liver — 2 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W. Suit Ritchie M.D.
M. D. or other

Address: Rte 1 Benning Sta D.S. Date signed: Nov 4 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 18 1940
U.S.A.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

11795

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo. 4 da

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 3 mo. 4 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 60 1/2 Patterson st., N.E.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: KATIE BEST

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	separated

6.(b) Name of husband or wife: John Best

6.(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): May 1, 1899

8. AGE: Years	Months	Days	If less than one day
41	6	9	hrs. min.

9. Birthplace: Goldsboro, N.C.
(Town, county, and state)

10. Usual occupation: housework

11. Industry or business: home

FATHER
12. Name: Raleigh Moore
13. Birthplace: N.C.

MOTHER
14. Maiden name: Annie Liza Moore
15. Birthplace: N.C.

16. Informant: deceased

Address: —

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov 10, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Wash, D. C.

18. Funeral director: J. Brown & Co

Address: 216 K St. N.E.

19. Nov 10 1940 (Date rec'd by registrar) Leo V. Kinnide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 10 1940, at 7 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 6 1940, to Nov. 10 1940 and that I last saw her alive on Nov. 10 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 mo.

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: Pulmonary Tuberculosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: Glenn Dale, Md.

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NOV 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11796

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince George
City or town: Hyattsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mother Jones Rest Home
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No.: 705 - 8th St. S.E. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William H. Brinkley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 20th 1853

8. AGE: Years	Months	Days	If less than one day
87			hrs. min.

9. Birthplace: Wash. D.C. (Town, county, and state)
10. Usual occupation: Glazer
11. Industry or business
FATHER 12. Name: John F. Brinkley
13. Birthplace: Md.
MOTHER 14. Maiden name: Shreeve
15. Birthplace: Md.
16. Informant: Eugene Brinkley
Address: 1701-6. St. S.E.
17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 11th 1940 (month) (day) (year)
Cemetery or crematory:
Location:
18. Funeral director: Wm J. Nalley
Address: 622-8th St. S.E. Wash, D.C.
19. Nov 14 1940 (Date rec'd by registrar) Mrs. Leo. Lavene Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 11 1940, at 5:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 1940, to Nov 11 1940, and that I last saw h alive on Nov 11 1940.

	DURATION
Immediate cause of death: Acute Cardiac Decompensation	11/11/40
Due to: Chr Nephritis	?
Due to: Hypertension	?
Other conditions: Arteriosclerosis Gen.	?

(Include pregnancy within 3 months of death)
Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Martin Pearce M. D. or other
Address: Rockville Md Date signed 11/11/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Inf. re residence from Sup. of Home - 5-2-41. as.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11797

93-d

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Prince Georges — Registration Dist. No. 242

Village or City Capitol Heights — No. 201 Ellerslie Ave. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daeth occurred 2-8 yrs. mos. ds. How long in U. S. If of foralgn birth? yrs. mos. ds.

→ SOCIAL SECURITY #: NONE

2. FULL NAME Clara Louise Bryan — If U. S. Veteran, specify WAR

(a) Residence: No. 201 Ellerslie Ave — St., Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Married

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Samuel F. Bryan

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hancock. (State or country) Md.

FATHER

13. NAME John W. Crockett.

14. BIRTHPLACE (city or town) Hancock. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Beard.

16. BIRTHPLACE (city or town) Hancock. (State or country) Md.

17. INFORMANT Samuel F. Bryan. (Address) 201 Ellerslie ave

18. BURIAL, CREMATION, OR REMOVAL Place Addison Chapel Cemetery, Seat Pleasant, Md. Date Nov. 30, 1940.

19. UNDERTAKER Wm. H. Saddler & Co. (Address) 412-H Street, N.E. Wash, D.C.

20. FILED 11-28, 1940 Irene G. Conner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to November 26, 1940

I last saw h[illegible] alive on November 26, 1940; deeth is said to hava occurrad on the data statad above, at 10:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:

	Date of onset
Essential hypertension	
with hypertensive heart disease	8 years
with congestive heart failure	2 wks.

Other Contributory Causes of importance:

Name of operation — Date of

Whet test confirmed diagnosis? — Was thera an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any wey relatad to occupetion of deceased?

If so, spacify

(Signed) William Brannan M. D.

(Address) 324 Central Ave, Capitol Heights, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 8 1940
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-6)

CERTIFICATE OF DEATH

11798

Reg. Dist. No. 243

(M)

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Prince Georges
City or town: Rural - Glenn Dale Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 mos - 21 days
Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium
How long in hospital or institution? 11 mos - 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County: —
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 127 - D. St N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: Louis Carruthers

3. (b) Social Security Number: None -

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife: —
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Mar - 11 - 1900 —

8. AGE: Years: 40 Months: 7 Days: 24 If less than one day ..... hrs. ..... min.

9. Birthplace: Paducah Ky.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: —
FATHER
12. Name: Pete Carruthers
13. Birthplace: ~~Bell~~ Paducah Ky.
MOTHER
14. Maiden name: Bell Brown
15. Birthplace: Paducah Ky.
16. Informant: Deceased
Address: —
17. Removal (Burial, cremation, or removal. Which?) Date thereof: 11 - 8 - 1940 (month) (day) (year)
Cemetery or crematory: —
Location: Paducah Ky.
18. Funeral director: James H. Miller
Address: 2256 - 62 Hoyt Ave
19. November 8 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 4 1940, at 9.50 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25 1939, to Nov. 4 1940 and that I last saw him alive on Nov - 4 - 1940
Immediate cause of death: Pulmonary Tuberculosis
Due to: —
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings of operations: —
Date of op.: —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: —

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DEC 9 1940
REAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11799

(186-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Fairmount Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 704 Fairmount ave

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Fairmount Hgts Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 704 - Fairmount Heights Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Crummer

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nathan T. Crummer

6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) April 26, 1883

8. AGE: Years 57 Months 7 Days — If less than one day ___ hrs. ___ min.

9. Birthplace Prince George Co, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Wm. H. Lee
13. Birthplace Pr. Geo. Co. Md

MOTHER
14. Maiden name Ida Weathers
15. Birthplace Spottsylvania Co. Va.

16. Informant Mrs. Alice Webb.

Address 704 - Fairmount ave.

17. (Burial, cremation, or removal. Which?) Date thereof Nov 29 1940 (month) (day) (year)

Cemetery or crematory Payne Cemetery

Location Washington D.C.

18. Funeral director Alex S. Pope

Address 315 - 15 - St. S.E.

19. 11-27- 1940 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940, at 8:30 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24 1940, to Nov. 26 1940, and that I last saw her alive on Nov. 26 1940.

Immediate cause of death: Cerebral Thrombosis — DURATION: 1 day

Due to Cerebral hemorrhage. C.W.G.R.

Due to Accidental fall, against an article of furniture, in her bedroom. She became dizzy and fell. — 2 mo

Other conditions Fractured Right Ribs; due to accidental fall.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept. 20, 1940.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in her home.

Means of injury Accidental fall. Injured at work?

23. SIGNATURE Harrison C. Beldon M.D.
M. D. or other

Address 227 Eastern ave Date signed 11-26-40

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NOV 28 1940
BUREAU V. S.

11800

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Rural - Glenn Dale (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mo. 1 day.

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 4 months, 1 day.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 3401 Porter Street, N.W. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Charles Davis

3.(b) Social Security Number: 579-16-1603

4. Sex: male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of ~~husband~~ or wife: Geneva Davis

6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): March 25, 1895

8. AGE: Years 45 | Months 7 | Days 26 | If less than one day ... hrs. ... min.

9. Birthplace: Savannah, Georgia (Town, county, and state)

10. Usual occupation: Butter

11. Industry or business

FATHER
12. Name: (?) Davis
13. Birthplace: South Carolina

MOTHER
14. Maiden name: not known
15. Birthplace: not known

16. Informant: Charles Davis
Address: 3401 Porter Street, N.W.

17. Removal (Burial, cremation, or removal, Which?) Date thereof: Nov 21, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: James M. Miller & Son
Address: 1200 Fla. Ave., N.W.

19. Nov 21st 1940 (Date rec'd by registrar) Leo V Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 21 1940, at 11.25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20, 1940, to Nov. 21, 1940 and that I last saw him alive on Nov. 21, 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 mo. 8 da.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed:

Glenn Dale, Md.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
U.S.A.U. S.

11801

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B3-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Hyattsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Hyattsville (If outside city or town limits, write RURAL and give nearest town)

Street No.: 57 Oak Wood Road (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Elsie Virginia Davis

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Meredith R. Davis

6.(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): July 27th, 1911

8. AGE:

Years	Months	Days	If less than one day
29	3	6	hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Edward Tayman
13. Birthplace: Maryland

MOTHER
14. Maiden name: Gertrude E. Mangum
15. Birthplace: Maryland

16. Informant: Meredith R. Davis

Address: 57 Oak Wood Road, Hyattsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 5th, 1940 (month) (day) (year)

Cemetery or crematory: Fort Lincoln Cemetery

Location: Prince George County, Md.

18. Funeral director: W.W.Chambers Company

Address: 517--11th Street, S.E., Washington, D.C.

19. Nov. 4 1940 (Date rec'd by registrar) Mrs Jas Severe Deputy Board Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 2 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to Idiopathic	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James I. Boyd M. D. or other

Address: Forestville Md. Date signed: 11-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 15 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13-b)

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Pro. Geo. Co.

City or town Bladensburg Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Lendwood, St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pro Geo.

City or town Bladensburg Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Lendwood St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME George Foster

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Susie Foster

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65 yrs | Months — | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Laborer —

11. Industry or business W. R. Wilson (Real Estate)

FATHER

12. Name unknown

13. Birthplace Md.

MOTHER

14. Maiden name unknown

15. Birthplace Md.

16. Informant Susie Foster

Address Bladensburg Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 15, 1940 (month) (day) (year)

Cemetery or crematory Baptist Cemetery

Location Bladensburg Md.

16. Funeral director F. Gasch's sons

Address Hyattsville Md

19. Nov. 15 1940 (Date rec'd by registrar) F. Mrs Norg Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12, 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1940 to Nov 12 1940, and that I last saw him alive on Oct 12 (One Visit Only) 1940

Immediate cause of death Pulmonary Tuberculosis

Due to T.B.

Due to T.B.

Other conditions 0

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. A. Bennett M. D. or other

Address Riverdale Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

11802

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH:

County Prince George Co.

City or town Oxon Hill Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Geo. Co.

City or town Oxon Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Addie L. Gray

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George L. Gray

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9th. 1890

8. AGE: Years	Months	Days	If less than one day
50	6	10	hrs. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER

12. Name Harry Jordan

13. Birthplace Washington, D.C.

MOTHER

14. Maiden name Carie S. Bivens

15. Birthplace Washington, D.C.

16. Informant George L. Gray

Address Oxon Hill, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 22 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Suitland, Maryland

18. Funeral director Thomas F. Murray

Address 2007-nichols ave S.E. Nash D.C.

19. 11/20 1940 (Date rec'd by registrar) Harvey E. Pyles (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19th. 1940, at 7.45pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to Nov. 19 1940, and that I last saw her alive on Nov. 15 1940.

Immediate cause of death Cardio-vascular-renal disease

DURATION 1 year +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. K. Hollingsworth MD M. D. or other

Address 1418-Good Hope Rd SE Washington, DC Date signed 11-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

11803

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Lakeland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Lakeland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ambrose Green

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Eliza Parham

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 4, 1868

8. AGE: Years 72 | Months 8 | Days 12 | If less than one day ___ hrs. ___ min.

9. Birthplace Charles County Md (Town, county, and state)

10. Usual occupation Guard (Retired)

11. Industry or business U.S. Gov't.

FATHER

12. Name Henry Green

13. Birthplace Chas Co, Md

MOTHER

14. Maiden name Cecelia Gross

15. Birthplace Chas. Co. Md.

16. Informant Eliza Gross

Address Lakeland, Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov. 20-1940 (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location

18. Funeral director W. Ernest Jains

Address 1432 Yon St. N.Y.

19. Nov. 20 1940 (Date rec'd by registrar) F. Mc Norgle Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1940, at 3.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8 1940, to Nov. 18 1940, and that I last saw him alive on Nov. 18 1940.

Immediate cause of death: Broncho Pneumonia — DURATION: 3 days

Due to: Hypertension — 3 yrs

~~Due to~~ Prostatism — 1 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy no autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harrison C. Beldon M. D. or other

Address Fairmount Hgts, Md Date signed 11-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (183) CB

11804

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH:
County Prince Georges
City or town Fort Foote
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: On River
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County
City or town Alexander Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Patrick St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME John G. Dutridge

3. (b) Social Security Number 227-12-1147

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Lottie G. Dutridge
6(c) If alive, give age 19 years
7. Birth date of deceased (mo., day, yr.) June 1, 1917

8. AGE: Years 23 Months 5 Days 0 If less than one day ___ hrs. ___ min.

9. Birthplace King George Co., Va (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Dredging
FATHER 12. Name Warren G. Dutridge
13. Birthplace Va
MOTHER 14. Maiden name Martha Wharell
15. Birthplace Va.
16. Informant Walter Dutridge
Address 717 - Gibbon St Alexandria
17. Alexander Va (Burial, cremation, or removal. Which?) Date thereof 11/1/40 (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director W. W. Chambers Co.
Address 517-11th St. S.E. Wash. D.C.
19. 11/1/40 (Date rec'd by registrar) 19 Harvey E. Pyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1940, at 5 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Asphyxia
Due to Drowning
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 11-1-40
Where did injury occur? Fort Foote (City or town) Prince Co (County) Md (State)
Injured at home, farm, industry, public place (where?) Industry
Means of injury Fell off a dredge Injured at work? Yes

23. SIGNATURE James W. Ford M. D. or other
Address Forestville Md Date signed 11-1-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-a)

CERTIFICATE OF DEATH

11805

Reg. Dist. No. 233

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George

City or town: Baden

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Baden Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Baby Girl Hardy

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: Single

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 26 1940

8. AGE: Years | Months: 4 | Days: 25 | If less than one day: hrs. min.

9. Birthplace: Baden Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER

12. Name: Samuel Henry Hardy

13. Birthplace: Westwood, Md

MOTHER

14. Maiden name: Mary Louise Brown

15. Birthplace: Baltimore, Md

16. Informant: Samuel H Hardy

Address: Westwood, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-27-40. (month) (day) (year)

Cemetery or crematory: St. Thomas Church

Location: Aquasco, Md.

18. Funeral director: Thomas Pinkney

Address: Westwood, Md.

19. Nov 27 1940 (Date rec'd by registrar) James B. Naylor (Deputy) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26 1940, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 1940, to Nov 26 1940, and that I last saw h on alive on Nov 26 1940

	DURATION
Immediate cause of death: Infectious Diarrhea	Month
Due to	
Due to	
Other conditions: Secondary Anemia	two Months

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide: no Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: None Injured at work?

23. SIGNATURE: James E. Larsen M.D. M. D. or other

Address: Upper Marlboro Md. Date signed 11/26/40

RECEIVED
DEC 4 1910
BUREAU V. S.

11806

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 242

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Prince Georges
City or town: Capitol Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? transient
Hospital, institution, or street address where death occurred:
Central Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Maryland Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 207 New Roadway
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Luther Pagen Harper

3.(b) Social Security Number 578-03-8160

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Laura Ethel Harper
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 1, 1906

8. AGE:

Years	Months	Days	If less than one day
34	8	29	..... hrs. ..... min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual occupation mechanic
11. Industry or business auto-mobile

FATHER
12. Name John Harper
13. Birthplace W. Va

MOTHER
14. Maiden name Anna Mull
15. Birthplace W. Va

16. Informant Laura Ethel Harper
Address 207 New Roadway Maryland Park

17. Burial, cremation, or removal. Which? Burial Date thereof 12/1/40 (month) (day) (year)
Cemetery or crematory Washington D.C. 12/1/40
Location

18. Funeral director W. W. Chambers Co.
Address 517-11th St. S.E. Wash. D.C.

19. 12-1 1940 (Date rec'd by registrar) Geo. A. Comer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Hemorrhage and Shock	
Due to Fracture of skull	
Fracture of left femur	
Due to and right tibia and fibula	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 11-30-40
Where did injury occur? Capitol Heights (City or town) Prince Geo. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Central Ave.
Means of injury Pedestrian struck by automobile Injured at work?

23. SIGNATURE James J. Boyd M. D. or other
Address Forestville Md. Date signed 11-30-40

RECEIVED
DEC 6 1940
BUREAU V. S.

11807

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 months

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 15 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Washington County: D. C.

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1413 T St, N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: William Fred Harris

3. (b) Social Security Number: 578-07-0281

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Sophia Harris

6.(c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): July 5, 1903

8. AGE: Years	Months	Days	If less than one day
37	4	20	..... hrs. ..... min.

9. Birthplace: Union, South Carolina
(Town, county, and state)

10. Usual occupation: Cook

11. Industry or business: Hotel

FATHER
12. Name: Edward Harris
13. Birthplace: Union, South Carolina

MOTHER
14. Maiden name: Anna Hardy
15. Birthplace: Union, South Carolina

16. Informant: Deceased

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 25, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Barbour Bros.

Address: 48-K St. N.E.

19. Nov. 25 1940 (Date rec'd by registrar) Alo V. Amesden M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25 1940, at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 1939, to Nov. 25 1940 and that I last saw him alive on November 25 1940

Immediate cause of death: Pulmonary Tuberculosis

DURATION: 2 yrs 1 month

Due to:

Due to:

Other conditions: Syphilis — unknown

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed:

Glenn Dale, Md.

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-c)

CERTIFICATE OF DEATH

11808

Reg. Dist. No. 231

1. PLACE OF DEATH:
County: Prince George
City or town: White Station
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Res. 3327 M. S.E., D.C.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME: Benton M Henderson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Jessie E Henderson
6(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): Jan 7, 1907

8. AGE: Years	Months	Days	If less than one day
33	10	14	hrs. min.

8. Birthplace: Lawrence Kansas (Town, county, and state)
10. Usual occupation: Gov. Clerk U.S. Govt
11. Industry or business: Section Head Social Security Board
FATHER 12. Name: unknown
13. Birthplace: Kansas
MOTHER 14. Maiden name: unknown
15. Birthplace: Kansas
16. Informant: George Hiser
Address: 2317 R.I. Ave N.E. D.C.
17. Cremation (Burial, cremation, or removal. Which?) Date thereof 11-20-40 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Prin. Geo. Co., Md.
18. Funeral director: F. Gasch's Sons.
Address: Hyattsville, Md.
19. 11/20 1940 (Date rec'd by registrar) M. D. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 19 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Hypostatic Shock	
Due to Gunshot wounds to head	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
20 operations:
20 autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 11-19-40
Where did injury occur? White Station (City or town) Prince George's (County) Md (State)
Injured at home, farm, industry, public place (where?): In a woods
Means of injury: Shot gun Injured at work? No

23. SIGNATURE: (signed) L. Boyd M. D. or other
Address: Forestville Md Date signed: 11-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

11809

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Capitol Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 305 Charles St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Capitol Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 305 Charles Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Charles Perry Hooper

3. (b) Social Security Number 225-05-2581

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ruth May Hooper

6(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Nov 8, 1897

8. AGE: Years 43 Months 0 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Western Port Md
(Town, county, and state)

10. Usual occupation Plumbers Helper

11. Industry or business Building

FATHER
12. Name John Edward Hooper
13. Birthplace Maryland

MOTHER
14. Maiden name Carry Right
15. Birthplace Maryland

16. Informant Ruth May Hooper

Address Capitol Heights, Md

17. Removal
(Burial, cremation, or removal. Which?)

Date thereof Nov. 14th 1940
(month) (day) (year)

Cemetery or crematory Washington, D.C.

Location

18. Funeral director W. W. Chambers Co.

Address 517-11th St. S.E., Wash. D.C.

19. 11-14 (Date rec'd by registrar) 1940 Irene G. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death
Acute Congestive heart failure 93e2

Due to Myocardosis 93e2

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 11-14-40

RECEIVED
NOV 19 1940
BUREAU V. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

11810

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Tri[illegible] Co Registration Dist. No. 230

Village or City Quirkiek Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town whara deeth occurred [illegible] yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W Hopkins If U. S. Veteran, specify WAR

(a) Residence: No. Quirkiek Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mattie V Hopkins

6. DATE OF BIRTH (month, day, end yaar) Sept 14-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	22	

OCCUPATION

8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) Nov 40 11. Total tima (years) spant in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George W. Hopkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Stoomace

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mattie V. Hopkins (Address) Quirkiek Md

18. BURIAL, CREMATION, OR REMOVAL Place Hopkins Data Nov 7th, 1940

19. UNDERTAKER Hopkins Lauer (Address) Denton Md

20. FILED Nov 7th, 1940 John D Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 5 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended decaased from 11 5 1940, to 11 5 1940

I last saw h~~im~~ ~~alive~~ on 11 5 1940; deeth is said to have occurrad on the data statad above, at 10 a m.

The **PRINCIPAL CAUSE OF DEATH** and ralatad causas of importance ware as follows:

	Date of oneet
Coronary Embolus	11-5-40
Othar **Contributory Causes** of importance:	

Name of operation Date of

What test confirmad diagnosis? Was thare an autopsy? No

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupetion of deceasad? No

If so, spacify

(Signad) B A Warren M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 4 1940 BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

11811

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Highland Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs 8 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Highland Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mabel Jackson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	married

6 (b) Name of husband or wife Howard S. Jackson

6(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) July 24, 1910 1914

8. AGE: Years	Months	Days	If less than one day
26	3	29	hrs. min.

9. Birthplace Fargo, Pr. Geo. Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name Louis Smith

13. Birthplace Pr. George Co. Md

MOTHER 14. Maiden name Alice Slater

15. Birthplace Pr. Geo Co., Md

16. Informant Howard S. Jackson

Address Rt. 1. Box 193. Laurel, Md.

17. Burial Date thereof Nov. 25 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Catholic Cemetery

Location Woodmont Md.

18. Funeral director M. J. Malvin

Address 424 9 St NW. D.C.

19. 11-23-1940 Irene A. Conner

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1940, at 730 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1940, to Nov. 23 1940 and that I last saw h[illegible] alive on Nov. 23 1940.

Immediate cause of death Pneumonia

1 Tuberculosis

DURATION 5 mo

Due to Pulmonary Hemorrhage

Due to 1 Tuberculosis

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harrison C. Baldon M. D.

Address Laurel Md Date signed 11-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

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DEC 6 1940
BUREAU V. S.

11812

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Rural Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months + 14 days
Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium
How long in hospital or institution? 3 months + 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 511 - Second Street, N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Sonnie Jenkins

3.(b) Social Security Number: 579-07-2461 None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 8. 1908

8. AGE: Years	Months	Days	If less than one day
32	3	16	hrs. min.

9. Birthplace: Aiken, S. C. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: William Jenkins
FATHER 13. Birthplace: Aiken, S. C.
MOTHER 14. Maiden name: Lillian Davis
MOTHER 15. Birthplace: Aiken, S. C.
16. Informant: Sonnie Jenkins
Address: 511 - Second Street, N. W. Washington, D.C.
17. Removal to (Burial, cremation, or removal. Which?) Date thereof: Nov. 24, 1940 (month) (day) (year)
Cemetery or crematory:
Location: Washington, D.C.
18. Funeral director: T. S. Washington
Address: 467 - N. St. N.W. Wash. D.C.
19. Nov 24th 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 24 1940, at 2.55 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 10, 1940, to Nov. 24 1940
and that I last saw h... alive on Nov. 24, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 mo. + 23 da.
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Pincane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed:
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11813

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince George

City or town Lyon Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wheeler Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Lyon Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Wheeler Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Alexander Jones

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Georgia Jones

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 13, 1864

8. AGE:

Years	Months	Days	If less than one day
76	7	0	hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Retired shipping clerk

11. Industry or business Moving picture

FATHER

12. Name James Alexander Jones

13. Birthplace Va

MOTHER

14. Maiden name Anna Gould

15. Birthplace Maryland

16. Informant Archie L. Jones

Address Lyon Village Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15th 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Prince George County, Md.

18. Funeral director W. W. Chamblin Co.

Address 517-11th St. S.E. Wash. D.C.

19. 11/13 (Date rec'd by registrar) 1940 Harvey E. Styles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1940, at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to Cardio vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I Boyd M. D. or other

Address Forestville Md Date signed 11-13-40

RECEIVED
NOV 29 1940
BUREAU V. S.

11814

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 mo - 20 d.

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 7 mo. 20 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 311 - 9th St. N. E.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Margaret McKall

3.(b) Social Security Number: None

4. Sex: female

5. Color or race: colored

6.(a) Single, married, widowed, or divorced: Single

B.(b) Name of husband or wife:

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 1, 1923

8. AGE: Years: 17 Months: 1 Days: 5 If less than one day ..... hrs. ..... min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER
12. Name: Claude McKall
13. Birthplace: Washington D. C.

MOTHER
14. Maiden name: Laurne McKall
15. Birthplace: Washington D. C.

16. Informant: Deceased.

Address

17. Removal
(Burial, cremation, or removal. Which?)

Date thereof: Nov 7th 1940
(month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Barbour Bros.

Address: 48-K St. N. E.

19. November 7 1940
(Date rec'd by registrar)

Leo V. Kluwider M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 6 1940, at 10 35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1940, to November 6 1940 and that I last saw her alive on November 6 1940

Immediate cause of death: Pulmonary Tuberculosis

DURATION: 1 yr 5 mo 9 d.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale Sanatorium Date signed

Glenn Dale Md.

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

9-7 11815

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Geo Co. (WITHIN CORPORATE LIMITS)

City or town Hyattsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 22 Sibley ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince Geo Co

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 22 sibley ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME George C. Meade

3. (b) Social Security Number no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Mary C. Meade

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec 31- 1856

8. AGE:

Years	Months	Days	If less than one day
84-	11	18	hrs. min.

9. Birthplace Md- (Town, county, and state)

10. Usual occupation Retired - engineer

11. Industry or business

FATHER 12. Name Andrew Jackson Meade.

13. Birthplace unknown

MOTHER 14. Maiden name Elza ann Richardson

15. Birthplace Maryland -

16. Informant Mr wm a meade (son

Address 22 Sibley Ave. Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 16, 1940 (month) (day) (year)

Cemetery or crematory Baltimore Cemetery

Location Baltimore Md

18. Funeral director E Gracie sons

Address Hyattsville Md

19. Nov 15 1940 (Date rec'd by registrar) Mrs. Jas. Devree Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1940, at 11:40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1940, to Nov 13 1940, and that I last saw him alive on Nov - 13 1940.

	DURATION
Immediate cause of death Edema of lungs + Cardiac failure	142 days
Due to General arteria -	
Due to Sclerosis	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations None

Dt autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy D. Gaumer M. D. M. D. or other

Address Hyattsville Md Date signed Nov 14 40

RECEIVED
NOV 18 1940
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-a) MD

CERTIFICATE OF DEATH

11816

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince George
City or town: Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:
Sacred Heart Home
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Washington DC
(If outside city or town limits, write RURAL and give nearest town)
Street No. 718 Sheridan N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME Anna E. Mueller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Married

6.(b) Name of husband ~~or wife~~: Steven Edward Mueller
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 21, 1877

8. AGE: Years 63 Months 4 Days 23 If less than one day: hrs. min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Ignatius Muller
13. Birthplace: D.C.

MOTHER
14. Maiden name: Matilda Faber
15. Birthplace: D.C.

16. Informant: Sister Superior
Address: Sacred Heart Home

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16, 1940 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery
Location: Washington, D.C.

18. Funeral director: F. J. Collins
Address: 3821 14th St. N.W.

19. Nov 14 1940 (Date rec'd by registrar) Mrs. Jas. Devere Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14 1940, at 3 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4 1940, to Nov. 14 1940
and that I last saw h~~er~~ alive on Nov. 12 1940

Immediate cause of death	DURATION
Acute cardiac dilatation	1 week
Due to: Myocarditis - cardio - vascular renal disease	6 mo.
Due to:	
Other conditions: Decompensation (cardiac)	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Thomas E. Mattingly MD
M. D. or other
Address: 2200 - R. I. Ave. N.E. Date signed: 11/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

11817

CERTIFICATE OF DEATH

Reg. Dist. No. 2-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Chillum

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sargent Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Chillum Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Sargent Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Milton Edward Murphy

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1902

8. AGE: Years 38 | Months 3 | Days 19 | If less than one day hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Editorial newspapers

11. Industry or business newspaper

FATHER 12. Name Joseph Edward Murphy

FATHER 13. Birthplace district of Columbia

MOTHER 14. Maiden name Jennie Virginia Silvers

MOTHER 15. Birthplace Maryland

16. Informant Joseph E. Murphy

Address Sargent Rd Chillum Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 19 1940 (month) (day) (year)

Cemetery or crematory National Memorial Park

Location (near) Falls Church, Va.

16. Funeral director H. Gasch's Sons.

Address Hyattsville, Md

19. Nov. 18 1940 Mrs. Jas. Sevens (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Asthma	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E. Boyle M. D. or other

Address Hyattsville Md Date signed 11-16-40

RECEIVED
DEC 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11818

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (131-a)

County Pro Geo Co Registration Dist. No. 231

Village or City Brentwood Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jamar A. Parker If U. S. Veteran, specify WAR No.

(a) Residence: No. 3618 Bunker Hill Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Parker

6. DATE OF BIRTH (month, day, and year) Feb 11, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Interior Decorator

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation 59 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Parker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebekah Humberston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Vera R. Parker

(Address) Churchville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Aberdeen Md Date Nov 27, 1940

19. UNDERTAKER E Gracia sons

(Address) Hyattsville Md

20. FILED Nov. 27, 1940 Wm Monroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 25 (Month) (Dey) 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1940, to Nov. 25, 1940

I last saw h- alive on Nov 25, 1940; death is said to have occurred on the date stated above, at 8:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio-Renal	1935
vascular	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Uremia Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W H Norton III M. D.

(Address) 3629-34th St Mt Rainier Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11819

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (942)

County Pr. Geo. Co. Md. Registration Dist. No. 235

Village or City Suitland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Pumphrey If U. S. Veteran, specify WAR

(a) Residence: No. Suitland Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Lee Pumphrey

6. DATE OF BIRTH (month, day, and year) July 14th 1886

7. AGE Years 54 Months 2 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bondsman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1940

11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Enos Pumphrey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hayes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jno. Pumphrey (Address) Suitland Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Nov. 4th, 1940

19. UNDERTAKER Harry M. Padgett (Address) 131 Eleventh N.S.E.

20. FILED 11/2, 1940 Thos D. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 1st, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1940, to 11-1, 1940

I last saw him alive on 11-1, 1940; death is said to have occurred on the date stated above, at 12:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-31-40

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Methods Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Donald W. Tingham M. D.

(Address) 1418 Good Hope Rd SE.

D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11820

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Pro Geo Co

WITHIN CORPORATE LIMITS OF

City or town Hyattsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution 5 Luttrell Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 38 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Pro

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5 Luttrell Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Corinna B. Gusenberry

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Anderson C. Gusenberry

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 3, 1858

8. AGE: Years: 82 | Months: — | Days: 29 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER

12. Name: Wath Broomhall

13. Birthplace: Ohio

MOTHER

14. Maiden name: Adelaide Finkle

15. Birthplace: Canada

16. Informant: Mrs Reeside

Address: 5 Luttrell Ave Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 4, 1940 (month) (day) (year)

Cemetery or crematory: St Johns Cemetery

Location: Beltsville Md

18. Funeral director: F Gasch's sons

Address: Hyattsville Md.

19. Nov. 4" 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2. 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1938, to Nov 2 1940, and that I last saw her alive on 11-2 1940.

Immediate cause of death: Myocarditis

Due to

Due to

Other conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION: 0 yr

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Lunsing Hoop M. D. ~~or other~~

Address Hyatts, Md Date signed 11-4-40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

11821

Reg. Dist. No. 24-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Pr Geo Co

City or town: Glenn Dale Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Pr George

City or town: Glenn Dale Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Annie K Roys

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife: Frank D Roys

6(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): July 10th 1876

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
64	~~3~~	26		

9. Birthplace: Middletown Md

(Town, county, and state)

10. Usual occupation: Govt clerk

11. Industry or business: Clerical

FATHER 12. Name: Geo W. Castle

13. Birthplace

MOTHER 14. Maiden name: Susan R. Castle.

15. Birthplace

16. Informant: Frank D Roys

Address: Glenn Dale Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 8th 1940 (month) (day) (year)

Cemetery or crematory: Lutheran Cemetary

Location: Middletown Maryland.

18. Funeral director: Edward Gash.

Address: Hyatsville Maryland.

19. Nov 6 1940 (Date rec'd by registrar) W. L. Trott Registrar

Schneider Corp no record

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Viewed Body, to 19, and that I last saw her alive on Nov 1 1940.

	DURATION
Immediate cause of death: Heart Failure	
Due to: Acute Indigestion	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James McTrott M. D. or other

Address: Glenn Dale Md Date signed Nov 6-40

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DEC 3 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11822

Reg. Dist. No. 230

1. PLACE OF DEATH:
County Prince georges
City or town Berwyn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Central Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Berwyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Central Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella Estelle Shipley

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband ~~or wife~~ Maurice E. Shipley
6(c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1861

8. AGE:

Years	Months	Days	If less than one day
79	1	12	hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Robert R. Pyewell
13. Birthplace England
MOTHER 14. Maiden name Ann Maria Diggs
15. Birthplace Washington, D.C.
16. Informant Maurice E. Shipley
Address Berwyn, Md.
17. Burial Date thereof Dec 2, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery ~~or crematory~~ Rock Creek
Location Washington, D.C.
18. Funeral director W. W. Chambers Co.
Address Riverdale, Md.
19. Nov 30th 1940 John D. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1940, at 8:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1940, to Nov 29 1940, and that I last saw h er alive on Nov. 28 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	15 days
Due to Arteria Sclerosis	14 yrs +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. O. Thomas M. D. or other
Address Berwyn Md Date signed 11/30/40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-e

CERTIFICATE OF DEATH

11823

Reg. Dist. No. 235

1. PLACE OF DEATH:
County: Prince Georges.
City or town: Bradbury Hgts Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince Georges
City or town: Bradbury Hgts.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1415 - Baker Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Axel G. Solomon

3. (b) Social Security Number: 578-01-0676

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Burnice E. Solomon
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 4, 1880

8. AGE: Years	Months	Days	If less than one day
60	3	25	..... hrs. ..... min.

9. Birthplace: Ill.
(Town, county, and state)
10. Usual occupation: Ref. Engineer
11. Industry or business
FATHER 12. Name: Frank Solomon.
13. Birthplace: Sweeden.
MOTHER 14. Maiden name: Alida Jacobson.
15. Birthplace: Swkeden.
16. Informant: Mrs. Burnice E. Solomon.
Address: 1415 - Baker ave. Bradbury Hgts Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof 11-29-40 (month) (day) (year)
Cemetery or crematory: Wash. D C
Location:
18. Funeral director: W. W. Chambers. Co.
Address: 517 - 11 st S E.
19. 11/29/40 (Date rec'd by registrar) ..... Thos D Stafford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 29, 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
acute congestive heart failure	
Due to: myocardiosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: James J. Boyd M. D. or other
Address: Forestville Md. Date signed: 11-29-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-e)

CERTIFICATE OF DEATH

11824

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Comody Hills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

12 Comody Hills Drive

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Comody Hills Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 12 Comody Hills Drive

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Harold Taylor

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White	Married

6 (b) Name of husband or wife Mildred Taylor

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) March 19, 1903

8. AGE: Years	Months	Days	If less than one day
37	7	15	hrs. min.

9. Birthplace Chicago, Ill.

(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Census Bureau

FATHER 12. Name William C. Taylor

13. Birthplace Indiana

MOTHER 14. Maiden name Catherine Orange

15. Birthplace Indiana

16. Informant Mildred Taylor

Address 12 Comody Hills Drive Comody Hills

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov. 4th, 1940 (month) (day) (year)

Cemetery or crematory Washington D.C.

Location

18. Funeral director W. W. Chambers Co.

Address 517-11th N. St. Wash. D.C.

19. 11-4 (Date rec'd by registrar) 1940 Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1940, at 2.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to Myocardosis	
Due to	
Other conditions	

(Includes pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

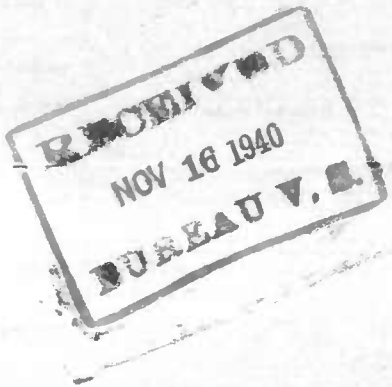
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James T Boyd M. D. or other

Address Forestville Md Date signed 11-4-40


RECEIVED
NOV 16 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

11825

Reg. Dist. No. 240

1. PLACE OF DEATH:
County Prince Georges
City or town North Keys
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: on Robert Hownings Farm
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 11 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town North Keys Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. on Robert Hownings Farm
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Joan Thompson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 27, 1939

8. AGE: Years 0 | Months 11 10 | Days 0 29 | If less than one day ____ hrs. ____ min.

9. Birthplace North Keys Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Francis Leo Thompson
13. Birthplace Charles County Md

MOTHER 14. Maiden name Theresa E. Proctor
15. Birthplace Cedarville Md

18. Informant Theresa E. Thompson
Address North Keys Md

17. Burial Date thereof 11/27/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Catholic Church Cemetery
Location Rosaryville, Md.

18. Funeral director Hunt & Ryon
Address Waldorf, Md.

19. Nov. 27 1940 F. H. Billingsley Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause of death Acute Congestive Heart Failure	
Due to Bronchial Pneumonia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE James A Boyd M. D. or other
Address Forestville Md Date signed 11-26-40

RECEIVED
DEC 4 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

11826

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mt. Rainier

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3743 35th St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 16 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Mt. Rainier Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3743 35th St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Charlotte Vetters

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: ~~xx~~ Augustav Vetters

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August 22, 1854

8. AGE: Years	Months	Days	If less than one day
86	2	16	____ hrs. ____ min.

9. Birthplace: Haverstraw, New York (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER — 12. Name: Unknown

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace: Unknown

16. Informant: Louise J. Cunningham

Address: 3743 35th St., Mt. Rainier, Md.

17. Transportation (Burial, cremation, or removal. Which?) Date thereof Nov. 10, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Haverstraw, New York

18. Funeral director: H. H. Chambers

Address: 918 Cleveland Ave, Riverdale, Md

19. Nov. 9, 1940 (Date rec'd by registrar) M. Richardson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8, 1940, at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8, 1940, only ____ 19____, and that I last saw her alive on Nov. 8, 1940.

	DURATION
Immediate cause of death: acute Congestive failure (heart).	
Due to: Chronic heart trouble, arteriosclerotic in nature. Cerebral	some years.
Due to: Primary cause: Cardio-vascular-renal disease.	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No autopsy was performed.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Russell L. Payne M.D. (M. D. or other)

Address: 3629-35th St. Date signed: 11-8-40

Mt. Rainier Md

RECEIVED
DEC 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

11827 2 36

CERTIFICATE OF DEATH

Reg. Dist. No. Queen Anne

1. PLACE OF DEATH:

County Prince George's

City or town Mitchellville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at home

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 80 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Mitchellville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Edward Spedden Walker.

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Anne O Walker

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.): Washington D.C. June 4, 1855

8. AGE: Years 85 | Months 5 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business ✓

FATHER

12. Name: Jonathan Thomas Walker

13. Birthplace: Washington D.C.

MOTHER

14. Maiden name: Jane A Benson

15. Birthplace: Unknown

16. Informant: Anne O Walker

Address: Mitchellville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 16/40 (month) (day) (year)

Cemetery or crematory: Mt Oak

Location: Mitchellville Md

18. Funeral director: F Dassie's Sons

Address: Bladensburg Md

19. Nov. 15 1940 (Date rec'd by registrar) Lorraine Peach Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14 1940, at 3.30 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 30 1940 to Oct. 14 1940, and that I last saw him alive on Nov. 13, 1940.

Immediate cause of death: Cerebral Hemorrhage. DURATION: 11 da

Due to: Arteriosclerosis Cerebral.

Due to: age.

Other conditions: Asthenia.

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ____ Injured at work?

23. SIGNATURE: H B Montgomery Major S.A. Ret'd M. D. or other

Address ____ Date signed ____

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-2)

11828

CERTIFICATE OF DEATH

Reg. Dist. No. 2-40

1. PLACE OF DEATH:

County Prince George

City or town Cheltenham
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Geo.

City or town Cheltenham Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Roy Norman Washington

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	colored	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18-1905

8. AGE:

Years	Months	Days	If less than one day
35	8	11	hrs. min.

9. Birthplace Shepherd Springs, Pr. Geo. Co., Md.
(Town, county, and state)

10. Usual occupation Butler

11. Industry or business

FATHER
12. Name Harry W. Washington
13. Birthplace Cheltenham, Md.

MOTHER
14. Maiden name Lizzie Pinkney
15. Birthplace Cheltenham, Md.

16. Informant Harry W. Washington
Address Cheltenham, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 2-40. (month) (day) (year)

Cemetery or crematory Gibbons Chapel.

Location Brandywine, Md.

18. Funeral director Ritchie Bros.
Address Upper Marlboro, Md.

19. Dec 1 19[illegible] Bellingsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1940, at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 1940, to November 29 1940, and that I last saw him alive on November 26 1940.

Immediate cause of death Coronary Spasm. Clinical syphilis was a contributing factor, due to atheromatous changes, c.w.g.R.

Due to Coronary Disease

Due to Luetic Condition, actual duration, not known. Positive report from the District of Columbia Health Department, October 29th, 1940.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature], M.D.
M. D. or other

Address 200 New York Ave., N.W. Wash., D.C. Date signed 11/29/40

RECEIVED
JAN 7 1941
BUREAU V. S.

11829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Rural - Glenn Dale Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mos - 29 - days.

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 3 mos - 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County: D. C.

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 225 - C. St S.W. Washington D.C.

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Earl Leard Watkins

3.(b) Social Security Number: 579-09-7466

4. Sex: male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug 24 - 1902

8. AGE: Years: 38 Months: 2 Days: 15 If less than one day: ..... hrs. ..... min.

9. Birthplace: Md - (Town, county, and state)

10. Usual occupation: Barber -

11. Industry or business: unknown -

FATHER

12. Name: Stephen H. Watkins

13. Birthplace: Md.

MOTHER

14. Maiden name: Georgiana Smith

15. Birthplace: Md.

16. Informant: Deceased

Address: —

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 9 1940 (month) (day) (year)

Cemetery or crematory:

Location: Baltimore, Md

18. Funeral director: Mrs. Geo. H. Holland

Address: 1631 Druid Hill Ave

19. Nov. 9 1940 (Date rec'd by registrar) Ds V. Almeida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov - 8 - 1940, at 10:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/10 - 1940, to 11/8 1940 and that I last saw him alive on 11/8/40 - 19

Immediate cause of death: Pulmonary Tuberculosis

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.: —

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): — —

Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed:

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

11830

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH: at home
County Prince George County
City or town Brandywine
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pr. Geo
City or town Brandywine Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unnamed Watson

3. (b) Social Security Number

4. Sex: Female
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 12, 1940
8. AGE: Years | Months | Days | If less than one day: 2 hrs. min.
9. Birthplace Prince George County (Town, county, and state)
10. Usual occupation house keeper
11. Industry or business
FATHER 12. Name Joseph Watson
13. Birthplace Prince George Co.
MOTHER 14. Maiden name Fannie Johnson
15. Birthplace Charles County Co.
16. Informant Joseph Watson
Address Brandywine, Md
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory T. B. Colored M. E. Church cemetery
Location T. B. Md
18. Funeral director Joseph Watson Acting
Address Brandywine Md
19. Nov. 12 1940 (Date rec'd by registrar) F. H. Billingsley local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 November 1940, at 8 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death Premature
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Amanda Jackson M. D. or other
Address Ancostia rural route Spring Hill Date signed 11/12/40 mid wife

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 95-B

11831

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince George
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mother Jones Rest Home, Riggs Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Va County Arlington
City or town Arlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3001 - 13th St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME RONALD K. WELSH

3. (b) Social Security Number none.

4. Sex M.
5. Color or race W.
6. (a) Single, married, widowed, or divorced married
B (b) Name of husband or wife Thelma Welsh
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 1st 1901

8. AGE: Years 39 Months 6 Days 14 If less than one day hrs. min.

9. Birthplace Richville, New York.
(Town, county, and state)
10. Usual occupation Radio service man
11. Industry or business
FATHER 12. Name Edwin Welsh
13. Birthplace N.Y. (State)
MOTHER 14. Maiden name Cora Crane
15. Birthplace N.Y. (State)
16. Informant Mrs. Thelma Welsh
Address 3001 - 13th St S, Arlington, Va
17. removal (Burial, cremation, or removal. Which?) Date thereof 11/15/40 (month) (day) (year)
Cemetery or crematory Ives Funeral Home
Location Arlington Va
18. Funeral director C. J. Ives
Address Arlington, Va.
19. Nov. 15 1940 Mrs. Jas. Severe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15/40 1940, at 3 pm
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/11/40 19 , to 11/15/40 19 ,
and that I last saw h in alive on 11/15/40. 19

Immediate cause of death Acute Cardiac Delibature. — DURATION 11/15/40
Due to Rheumatic Heart disease.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Df operations
Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Martin Leane M. D. or other
Address Riverdale Md Date signed 11/15/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

11832

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pro Geo County
City or town: Berwyn Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Balto Blvd
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pro Geo Co
City or town: Berwyn Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Balto Blvd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Wellman White

3. (b) Social Security Number: No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Bertha White
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 21, 1860

8. AGE: Years	Months	Days	If less than one day
79 yrs	10	19	hrs. min.

9. Birthplace: (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business:

FATHER
12. Name: Charles L. White
13. Birthplace: New York

MOTHER
14. Maiden name: Jane Lansbury
15. Birthplace: New York

16. Informant: Bertha White
Address: Berwyn Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 12, 1940 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Bladensburg Md
18. Funeral director: F Gascha sons
Address: Hyattsville Md

19. Nov. 12 1940 (Date rec'd by registrar) Mrs. Jas. Devere Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10, 1940, at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29, 1940, to Nov. 11, 1940, and that I last saw h--- alive on Nov. 8, 1940.

Immediate cause of death: Myocardial Insufficiency — DURATION: 3 Yrs.
With Myocardial Degeneration
Due to:
Due to:
Other conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Hyattsville Md Date signed 11-11-40

CEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11833

Reg. Diat. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Rural - Glenn Dale -
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yrs 4 mos. 21 days
Hospital, Institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 7 yrs - 4 mos. 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1228 - 4th St. N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Bufford William

3.(b) Social Security Number: None -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb - 29 - 1906

8. AGE: Years	Months	Days	If less than one day
34	8	5	hrs. min.

9. Birthplace: South Carolina
(Town, county, and state)
10. Usual occupation: Truck driver
11. Industry or business: Lumberman -

FATHER
12. Name: Bufford William
13. Birthplace: South Carolina

MOTHER
14. Maiden name: Mary Wilson
15. Birthplace: South Carolina

16. Informant: Deceased
Address: —

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov 5 1940 (month) (day) (year)
Cemetery or crematory: cemetery
Location: Washington, D. C.
18. Funeral director: Malvaux & Bailey.
Address: 424 R St N.W.

19. Nov 5th 1940 Leo V. Finucane M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov - 5 1940, at 3:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 - 1933 to Nov 5 1940 and that I last saw him alive on Nov - 5 - 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 8 years 7 months
Due to: —
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed:
Glenn Dale, Md.

RECEIVED
DEC 3 1940
BUREAU V. S.